	. <del></del>				-			5	9-0:	1719	5	
le in	THULY 2	7 1050		STANDA	•					₽,		
	W III I	1 1202	Registration Dist	rict No	2Pri	mary Registration Distri	ct No.		Registrar	s No.		
1. PLACE OF DEATH  G. COUNTY Pallos					_ o. STATE mis		NCE (Where dec	Where deceased lived. If institution: Residence before  b. COUNTY  County				
OR . 📥			TOWNSHIP only) Inside Limits Yes \( \text{No } \( \text{L} \)		c. CITY OR TOWN Bullala		2		Inside Limits Yes No 🖅			
,	c. FULL NAM HOSPITAL	IE OF (If NO		ve location) Len	oth of stay in 1b	OZ O STREET O ADDRESS	mi.m	outside, give	location)	Reside on		
3	. NAME OF DEC	EASED	Firs	M	ddle	Last	4. 0	ATE A	onth.	Day Ye	or —	
	(Type or print)	A	BER	Γ/	у .	RANDLEM	آ به نم	OP	5 1	4 19	_	
5	SEX	6. CC	LOR OR RACE	7. MARRIED PNE	VER MARRIED	8. DATE OF BIRTH					ER 24 HRS.	
L	9n 0	a	u	/ MIDOMED [	DIVORCED	7-17-188	1	7 7	9 2	7	ستع ا	
104	. USUAL OCCUP	ATION (Give I	kind of work done		NESS OR	11. BIRTHPLACE (City	and state or count	(Y) O			DUNTRY?	
	The second	eng.	ven ir restres)	Haren	al	Dollas C	- o. om	0.	94	<u>5 ′                                     </u>		
13	a. FATHER'S NAM	E /		13b. MO1	HER'S MAIDEN NA			ME OF KUŚBA	ND OR WIFE			
4	6-es 19	- Ll	le and	ana	rthal	trasell	m	sy K	and	lema.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address								mo.				
П	18. CAUSE OF	DEATH (E	nter only one cau	use per line for (a),	(b), and (c).)	7						
PART I. DEATH WAS CAUSED BY:						'						
IMMEDIATE CAUSE (0)									<u> </u>	<del>*</del> -		
	Conditions, if any, DUF TO (b) Hypertrophic emphysema								6 mos.	<u></u>		
z	which gave rise to above cause (a), stating the under-			Chronic bronchiectasis				l ye		l year	_	
FICATIO				TIONS CONTRIBUTI	NG TO DEATH but	not related to the terminal	disease condition	given in PART	71(a) 2(c)	19. WAS AUT PERFOR YES		
CERTI	20a. ACCIDEN	T SUICIDE	HOMICIDE	20ь. DESCRIBE I	10W INJURY OCC	URRED. (Enter nature	of injury in PAR	T I or PART	II of item 18	3.)		
AEDICAL.	20c. TIME OF INJURY	a.m.	nth, Day, Year									
	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE											
			3/	4, 1959	May	14, 1959	Light You	ive on M	av 14.	. 1959	<del></del>	
H			6:30) PI	<u>ч</u>	m on t	he date stated above; an	d to the best of i	ny knowledge				
	22a. SIGNATU	A W	2	Deree or tipe	2) 2	22b. ADDRESS	<del></del>			22c. DATE	SIGNED	
	Toga	THE	Rennett		*	Buffalo	. Missour	i		5/19	7/59	
230	BURIAL, CREMA	TION, 23b.	DATE		F CEMETERY OR	<del></del>			r county)	(State)	<del></del>	
12	wise		<del></del>	7 OGA	Janen 191	Com.	ary f	TRADE SON	ATHOE	<del>-0''</del>	<del>-</del>	
24.	f-B. A	ened	Bu	Lalo !	20 d	-/26 /59	1	1 KAR 3 SIGN	Lee_	e Per	trac	
	0		- //	(Licer	sed Embalmer's Sta	rement on Reverse Side)						
	*EDICAL CERTIFICATION	1. PLACE OF DE a. COUNTY b. CITY (If or OR TOWN OR TOW	1. PLACE OF DEATH  a. COUNTY  b. CITY (If outside corpor OR TOWN 1. P.  c. FULL NAME OF (If NO HOSPITAL OR INSTITUTION 1. P.  3. NAME OF DECEASED (Type or print)  5. SEX 6. CC  10a. USUAL OCCUPATION (Give during most of working life, e during most of working life, e  13a. FATHER'S NAME  15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, give 18. CAUSE OF DEATH (E PART I. DEATH V. IMMEDIA  Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last, PART II. OTHER SIG  20a. ACCIDENT SUICIDE U  20d. INJURY OCCURRED WHILE AT NOT WHILE WORK  21. I attended the deceased Death occurred gt 22a. SIGNATURE  23a. BURIAL, CREMATION, 23b.  PEMOVAL (Speciss)	1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give OR TOWN A. Beat of the Mospital of the	STANDAI  I. PLACE OF DEATH  a. COUNTY D.  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN A. Pleaton June  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HONE A. PROPERTY  5. SEX  6. COLOR OR RACE  WIDOWED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  130. FATHER'S NAME  130. FATHER'S NAME  131. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: Which gave rise to above cause (a), stating the under-lying cause last.  130. MACIDENT SUICIDE HOMICIDE  200. ACCIDENT SUICIDE HOMICIDE  201. I attended the deceased from MAY 49, 1959 Death occurred at MOT WHILE Garm, factory, street, of WORK  21. I attended the deceased from Death occurred at MAY 49, 1959  220. SIGNATUP  220. SIGNATUP  220. BURIAL, CREMATION, 23b. DATE  SEMANDAI  23c. NAME C.  23c. NAME C.  23c. NAME C.  23c. NAME C.  24. FUNERAL DIRECTOR  ADDRESS  24. FUNERAL DIRECTOR  ADDRESS  24. FUNERAL DIRECTOR  ADDRESS	STANDARD CERTIFICAL  STANDARD CERTIFICAL  LED WAY 27 1959 Registration District No. O.	DIACE OF DEATH  C. CUNTY  C. CITY (If outside corporate limits, give TOWNSHIP only)  OR  C. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  INSTITUTION  S. SEX  C. COLOR OR RACE  T. MARRIED NEVER MARRIED  TOWN  J. MIDGE  TOWN  J. MIDGE  TOWN  J. MIDGE  T. MARRIED NEVER MARRIED  TOWN  J. MIDGE  T. MARRIED NEVER MARRIED  T. MIDGE  T. MIDGE	STANDARD CERTIFICATE OF DEATH  LID MAY 271959 Registration District No. Primary Registration District No. Primary Registration District No. Primary Registration District No. Country D. Co	STANDARD CERTIFICATE OF DEATH  STANDARD CERTIFICATE OF DEATH  I. PLACE OF DEATH  a. COUNTY PLOS  b. CITY (If outside corporate limits, give TOWNSHIP only)  b. CITY (If outside corporate limits, give TOWNSHIP only)  b. CITY (If outside corporate limits, give TOWNSHIP only)  b. CITY (If outside corporate limits, give TOWNSHIP only)  b. CITY (If outside corporate limits, give TOWNSHIP only)  b. CITY (If outside corporate limits, give Township only)  c. FULL NAME OF (If NOT in bospital, give location)  b. CITY (If outside, give Township only)  c. FULL NAME OF (If NOT in bospital, give location)  c. FULL NAME OF (If NOT in bospital, give location)  b. CITY (If outside, give Township only)  c. FULL NAME OF (If NOT in bospital, give location)  c. FULL NAME OF DECEASE  for No. FULL NAME OF (If NOT in bospital, give location)  c. FULL NAME OF DECEASE  for No. FULL NAME OF (If Not in bospital, give location)  c. FULL NAME OF DECEASE  for No. FULL NAME OF DECEASE  for No. FULL NAME OF BUSINESS OR  for No. FULL NAME OF SULL NAME OF SUL	STANDARD CERTIFICATE OF DEATH  STATE FILE  STANDARD CERTIFICATE OF DEATH  STATE FILE  Primary Registrotic District No.  Primary Registrotic District No.  Registrotic District No.  STATE DATE  OUNTY DELCA  STATE DATE  COUNTY DELCA  STATE DATE  COUNTY DELCA  STATE DATE  OUNTY DELCA  OUNTY DATE  OUNTY	STATE FILE NUMBER  STATE FILE NUMBER  Primary Registration District No.  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  COUNTY DISTRICT  DISTRICT  STATE FILE NUMBER  COUNTY DISTRICT  DISTRICT  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  Registration District No.  Registration District No.  STATE FILE NUMBER  COUNTY DISTRICT  DISTRICT  DISTRICT  Registration District No.  Registr	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on t	the reverse side of this certificate was	embalme
by me, or by		
working under my personal supervision.		
	10 m	

Signed 11-E. Cheatha Signature of Student Embalmer Licensed Embalmer No. 3.27.3.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.